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TO:	FROM:
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COMPANY:	DATE:
U.S. Patent & Trademark Office	AUGUST 30, 2006
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
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PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	1023-291US01
RE:	APPLICATION SERIAL NUMBER:
Supplemental Information Disclosure Statement	10/693,001

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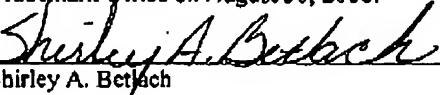
PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: William C. Phillips; Jeremy J.  
 Odegard; Michael W. Horvath Confirmation No. 9336  
 Serial No.: 10/693,001 Filed: October 24, 2003  
 Examiner: Darin Roberts Group Art Unit: 3762  
 Docket No.: 1023-291US01 Customer No.: 28863  
 Title: NEUROSTIMULATOR PROGRAMMER WITH CLOTHING  
 ATTACHABLE ANTENNA

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CERTIFICATE UNDER 37 CFR 1.8 I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office on August 30, 2006.

By:   
 Name: Shirley A. Bettsch

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendments  
 Commissioner for Patents  
 Alexandria, VA 22313-1450

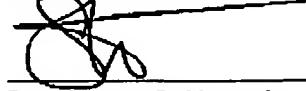
Dear Sir:

Applicant submits the references listed on the attached form PTO-1449. This Information Disclosure Statement is being filed after a first Office Action on the merits but before a Notice of Allowance or a Final Rejection.

Copies of the U.S. patents are not enclosed as this requirement has been waived by the U.S. Patent Office.

Please charge Deposit Account No. 50-1778 the amount of \$180.00 to cover the required fee set forth in §1.17(p) for a large entity.

Respectfully submitted,

  
 By: Steven J. Shumaker  
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Page 1 of 1

<b>Form 1449*</b>  <b>INFORMATION DISCLOSURE STATEMENT</b>  <b>IN AN APPLICATION</b>  (Use several sheets if necessary)	Docket Number: 1023-291US01	Application Number: 10/693,001
	Applicant: William C. Phillips; Jeremy J. Odegard; Michael W. Horvath	
	Filing Date: October 24, 2003	Group Art Unit: 3762
	Examiner Name: Darin Roberts	

**U.S. PATENT DOCUMENTS**

Examiner Initial	Document Number	Issue/Document Publication Date	Name	Filing Date If Appropriate
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**FOREIGN PATENT DOCUMENTS**

Examiner Initial	Document Number	Publication Date	Country	Translation	
				Yes	No

**OTHER DOCUMENTS (Including Authors, Title of Item, Page(s), Vol/Issue No., Publisher, Place of Publication)**


<b>EXAMINER</b>	<b>Date Considered</b>
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\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Based on Form PTO-FB-A820  
(Also form PTO-1449)

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